

**NON-PROVISIONAL
UTILITY PATENT APPLICATION
TRANSMITTAL - 37 CFR 1.53(b)**

[] **Duplicate**
(check, if applicable)

MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**Attorney Docket No.: 9448-143US (G0272)
First Named Inventor: Masamichi AOKI
Express Mail Label No.: EV247366035US
Total Pages of Transmittal Form: 2**

Transmitted herewith for filing is the non-provisional utility patent application entitled:

IMAGE FORMING APPARATUS

which is:

an Original; or
a Continuation, Divisional, or Continuation-in-part (CIP)
of prior Application No. _____ filed _____.

Anticipated Group/Art Unit: _____ or Class _____, Subclass _____.

This non-provisional patent application is based on Provisional Patent Application No.
_____, filed _____.

Enclosed are:

- Specification (including Abstract) and claims: 18 pages.
- 5 sheets of drawings (formal).
- Application Data Sheet.
- Newly executed Declaration (original).
- Copy of Declaration from prior application.
- Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).
- Microfiche computer program (Appendix).
- Nucleotide and/or Amino Acid Sequence Submission, including:
 - Computer readable copy Paper Copy Verified Statement.
- Under PTO-1595 Cover Sheet, an assignment of the invention
- Name of Assignee: Oki Data Corporation
- Certified copy of Japanese Application No. 2003-027864 filed February 5, 2003
is filed: herewith or in prior application _____.
- Applicant(s), by its/their undersigned attorney, claim(s) Small Entity Status under
37 C.F.R. §1.27 as an Independent Inventor, or a Small Business Concern,
or a Non-Profit Organization.
- Preliminary Amendment.
- Information Disclosure Statement, PTO/SB/08A, and cited references.
- Request for Nonpublication of Application Under 35 U.S.C. §122(b)
- Other: _____

03943 U.S. PTO
0310/634517
06/04/03



The filing fee is calculated as follows:

CLAIMS	NO. FILED	NO. EXTRA	SMALL ENTITY		LARGE ENTITY	
			BASIC FEE: \$375		BASIC FEE: \$750	
Total	4-20 =	0	X9	\$	OR	X18
Independent	1 - 3 =	0	X42	\$	OR	X84
[] Multiple Dependent Claims Present			\$140	\$	OR	\$280
			TOTAL	\$	OR	TOTAL \$ 750.00

- [] The Commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts
- [X] A check in the amount of \$ 750.00 to cover the filing is enclosed.
- [X] The Commissioner is hereby authorized to charge and/or credit **Deposit Account No. 50-1017 (Billing No. 209448.0143)** as noted below. A duplicate copy of this sheet is enclosed.
- [X] Any overpayments or deficiencies in the above-calculated fee.
- [] Filing fee in the amount of \$ _____ as calculated above.
- [X] Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.
- [X] In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS

August 4, 2023

(Date)

By:

William W. Schwarze

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WWS/vj
Enclosure

[X] Customer Number or Bar Code Label: 000570